

# Clark County Regional Support Network Policy Statement

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**Policy No.:** CR06  
**Policy Title:** Consumer Rights to Appeal  
**Effective Date:** November 1, 2004

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**Policy:** Medicaid enrollees who request publicly funded mental health services from a CCRSN contracted provider or who are enrolled in such services have the right to appeal actions taken by CCRSN regarding their benefits. CCRSN shall make an expedited appeals process available in situations that involve risk or harm to the enrollee who is seeking an appeal.

**Reference:** WAC 388-865, Washington Mental Health Division RSN contract (Exhibit P: Grievance System Template), CMS Waiver, 42 CFR 438 Subpart F: Grievance System, 45 CFR Health Insurance Portability and Accountability Act (HIPAA), CCRSN Policy and Procedure CR05 Notice of Action, CCRSN Policy and Procedure CR03 Consumer Complaints and Grievance, CCRSN Policy and Procedure CR05 Consumer Right to Administrative Hearing

## **Definitions:**

Appeal means a request for review and reconsideration of an action taken by CCRSN as defined in CCRSN Policy and Procedure CR05 Notice of Action.

## **Procedure:**

### **Filing An Appeal**

1. A Medicaid consumer or representative may file an appeal either orally or in writing. The consumer may choose to have a representative who acts on his or her behalf in filing the appeal. The legal representative of a deceased consumer may file an appeal on behalf of the enrollee's estate. Parties to the appeal include the consumer and his or her representative or the legal representative of a deceased consumer's estate.
2. A written, signed request for appeal must be submitted within 7 days if the initial request for such has been made orally. An oral request for appeal shall establish the filing date of the appeal.
3. The request for an appeal of an action must be made within 20 days of the notice of action. If the consumer wishes to continue to receive previously authorized services during the appeal process, she or he must file the request for appeal within 10 days of receipt of the notice of action.

4. The consumer must be given reasonable assistance in pursuing an appeal, including access to the CCRSN Ombuds service and oral or manual interpreter services. Toll free numbers that have adequate TTY/TTD and interpreter capability shall be available.
5. The written, signed appeal shall be forwarded to the CCRSN Quality Manager for review and disposition.
6. CCRSN provides information about the complaints, grievance and appeal system at the time of contracting.

### **Responding to An Appeal**

6. CCRSN shall acknowledge receipt of an appeal, received either orally or in writing, within one business day of receipt. CCRSN shall mail a written acknowledgement of receipt of a request for appeal within 5 business days of receipt.
7. CCRSN shall ensure that individuals making decisions on appeals have not been involved in any previous level of review or decision-making.
8. CCRSN shall ensure that the individuals making decisions on appeals regarding medical necessity, expedited resolution, or clinical issues are qualified mental health care professionals with appropriate clinical expertise.
9. CCRSN shall provide the consumer and/or his or her representative a reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing.
10. CCRSN shall provide the consumer and/or his or her representative the opportunity before and during the appeals process to examine the consumer's case file, including medical records and any other documents and records considered during the appeals process. If the consumer requests his or her representative to review records containing personal health information without the consumer present, the consumer must sign a Release of Information form in accordance with the confidentiality laws referenced in this policy.

### **Expedited Appeal Process**

11. A Medicaid consumer or his/her representative may request an expedited appeal of action either orally or in writing when it is determined that the standard timeframe for resolution would jeopardize the Medicaid enrollee's ability to maintain or regain maximum functioning. Requests should be forwarded to the CCRSN Quality Manager. Oral requests must be confirmed in writing.
12. The request for an expedited appeal must be made within 10 days of the receipt of the CCRSN notice of action.

13. CCRSN shall review the request for an expedited appeal and grant the request if the determination is made that the timeframe for the standard appeal process could seriously jeopardize the consumer's life, mental health, or ability to attain, maintain or regain maximum function. Such a determination may be made on the basis of a recommendation of a CCRSN contracted provider supporting the request for an expedited appeal. CCRSN shall inform the consumer and/or representative that of the limited time available to present additional information, based on the timeframe for resolution of expedited appeals.
14. CCRSN shall provide notice about the resolution of an expedited appeal within 3 business days after receipt of the request. CCRSN shall also make reasonable efforts to provide oral notice.
15. CCRSN shall ensure that punitive action is not taken against a consumer who requests an expedited appeal or against a CCRSN contracted provider supporting an expedited appeal.
16. If CCRSN denies a request for expedited resolution of an appeal, the timeframes for the standard appeal process shall apply. In such cases, CCRSN shall make reasonable effort to give the consumer oral notice within 1 business day of the decision and shall issue a written notice of the decision within 2 calendar days.

#### **Resolution And Notification**

17. CCRSN shall resolve each appeal and provide written notice of the result as expeditiously as the consumer's mental health condition requires, and not more than 45 days from receipt of request for an appeal.
18. CCRSN may extend the prescribed timeframes for resolution of an appeal by up to 14 calendar days if:
  - a. The consumer requests the extension;
  - b. CCRSN requests and receives written approval from the Washington Mental Health Division confirming the need for additional information to adequately resolve the appeal and indicating how the delay is in the consumer's interest.
19. Upon receipt of approval from the MHD to extend the timeframe for resolving an appeal, CCRSN shall give the consumer written notice of the extension, including the reason for the delay.
20. The written notice of resolution of an appeal shall include the results of the resolution process and the date it was completed.
21. For appeals not resolved wholly in favor of the consumer, the notice shall include information about:
  - a. The consumer's right to request a state administrative hearing and how to do so;
  - b. The consumer's right to request services while the hearing is pending and how to make the request;

- c. The possibility that the consumer may be asked to pay for the cost of continuing services if the hearing decision upholds the original action.

### **Continuation of Benefits During the Appeal Process**

- 22. CCRSN must continue the enrollee's benefits if:
  - a. The consumer or his or her representative files the appeal in accordance with the timeframes described in Sections 2 and 3 of this policy for standard appeals or in Section 12 for expedited appeals;
  - b. The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment;
  - c. The services were ordered by a CCRSN contracted provider;
  - d. The original period covered by the original authorization has not expired;
  - e. The consumer requests extension of benefits.
- 23. If, at the consumer's request, CCRSN continues or reinstates the consumer's benefits while the appeal is pending, the benefits must be continued until one of following occurs:
  - a. The consumer withdraws the appeal;
  - b. Ten days pass after CCRSN mails notice of disposition of the appeal and the resolution is not in favor of the consumer (unless the consumer requests a state administrative hearing);
  - c. The consumer requests an administrative hearing and the decision is adverse to the consumer by upholding the action.
  - d. The time period or service limits of a previously authorized service has been met.
- 24. CCRSN shall notify consumers who request continuation of benefits that if the final resolution of the appeal is adverse (upholds the action) he or she may be requested to reimburse the cost of the services furnished while the appeal was pending.

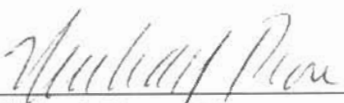
### **Reversed Action in Appeal Resolutions**

- 25. If CCRSN reverses an action to deny, limit or delay services that were not furnished while the appeal was pending, CCRSN shall authorize the disputed services promptly and as expeditiously as the consumer's mental health condition requires.
- 26. If CCRSN reverses an action to deny authorization of services, and the consumer received the disputed services while the appeal was pending, CCRSN shall pay for those services.

### **Record-keeping and Reporting Requirements**

- 27. CCRSN shall maintain records of appeals and shall review the information at least bi-annually as part of both the CCRSN's quality management strategy and the MHD's quality strategy.
- 28. CCRSN shall submit twice yearly (per contract) to MHD a summary that includes:
  - a. The number and nature of appeals;
  - b. The timeframes within which appeals were disposed or resolved;
  - c. The nature of the decisions;

- d. A summary and analysis of the implications of the data, including what measures may be taken to address undesirable patterns.
29. CCRSN monitors provider compliance to timely access by:
- a) Review of regular data reports on consumer access to services;
  - b) Issuing notices of action for consumers who do not receive timely access to services and informing consumers of their right to file a grievance;
  - c) Review of provider performance at month end review meetings and annual administrative reviews;
  - d) Review of all appeals and denials;
  - e) Aggregation of data and trends reported to the CCRSN Quality Management Committee for purposes of quality monitoring and service improvement.

Approved By:  Date: 7-6-05  
**Michael Piper, Director**  
**Clark County**  
**Department of Community Services**